**EARLY INTERVENTION PROGRAM
SUPPLEMENTAL EVALUATION SUMMARY FORM**

Name of Child:_____

                    Last.   **First**   **Middle**

DOB:_____/_____/_____

EI Evaluator Name:_____   Phone :(_____)_____

Provider ID#:_____   Fax :(_____)_____

Contact Person:_____

Supplemental Evaluation

[   ] Bilingual Evaluation   Evaluation Type:_____

[   ] Physician   [   ] Non-Physician

Dates: From:____/____/____ To:_____/_____/_____

Name:_____

Discipline:_____

Functional Area	Developmental Status (1)	Method (2)

Supplemental Evaluation

[   ] Bilingual Evaluation   Evaluation Type:_____

[   ] Physician   [   ] Non-Physician

Dates: From:____/____/____ To:_____/_____/_____

Name:_____

Discipline:_____

Functional Area	Developmental Status (1)	Method (2)

Supplemental Evaluation

[   ] Bilingual Evaluation   Evaluation Type _____

[   ] Physician   [   ] Non-Physician

Dates:From:____/____/____ To:_____/_____/_____

Name:_____

Discipline:_____

Functional Area	Developmental Status (1)	Method (2)

Supplemental Evaluation

[   ] Bilingual Evaluation   Evaluation Type:_____

[   ] Physician   [   ] Non-Physician

Dates: From:____/____/____

To:_____/_____/_____

Name:_____

Discipline:_____

Functional Area	Developmental Status (1)	Method (2)

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(1) Developmental Status Codes
A - No Delay (development within acceptable ranges)
B - 2.0+ SD Below the mean (sufficient alone for eligibility)
C - 1.5+SD Below the mean (similar delay in another functional area needed to establish eligibility)
D - 12 month delay (sufficient alone for eligibility)
F - 33% or more delay (sufficient alone for eligibility)
G - 25% or more delay (similar delay in another functional area needed to establish eligibility)

(2) Method of Determination
P - Informed Clinical Opinion   T - Standardized Test
Evaluation Type Code
A - Assistive Technology   J - Psychological Services
B - Audiology   L - Social Work
F - Nursing   M - Special Instruction
G - Nutrition   N - Speech and Language
H - Occupational Therapy   Q - Vision
I - Physical Therapy

List Diagnosis and ICD 9 Numbers:
1_____ 2_____